

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM

Address to:
 Assistant Commissioner for Patents
 Box M. Fee
 Washington, D.C. 20231

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

Customer Number **51,472** →

Type Customer Number here

Place Customer Number Bar
Code Label here

OR

Request for Customer Number (PTO/SB/125) attached hereto

OR

Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/811,579 (BU3011) Filed 03/29/2004

(check one)

- Applicant/Inventor
- Assignee of record of the entire interest
- Attorney or agent of record 36,520 _____
(Reg. No.) _____
- Assignment recorded at Reel _____ Frame _____

/Bruce E. Garlick, 36,520/

Signature

Bruce E. Garlick

Typed or printed name

(512) 264-8816

Customer's telephone number

08/27/2007

Date

Burden Hour Statement: This form is estimated to take 0.08 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.